



**TRANSMITTAL
FORM**

| | |
|---------------------------|-----------------|
| Application Serial Number | 10/632,212 |
| Filing Date | July 31, 2003 |
| First Named Inventor | Siegel |
| Group Art Unit | 3736 |
| Examiner Name | Michael Apanius |
| Attorney Docket No. | MIT-146 |
| Patent No. | Not applicable |
| Issue Date | Not applicable |

ENCLOSURES (check all that apply)

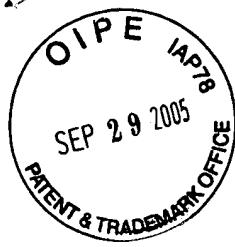
| | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences |
| <input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] | <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Appeal Brief (in triplicate) |
| <input type="checkbox"/> Petition for Extension of Time | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal | <input type="checkbox"/> Status Inquiry |
| <input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copy of IDS | <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) | <input checked="" type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 |
| <input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application | <input checked="" type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 |
| | <input type="checkbox"/> Small Entity Statement | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) |
| | <input type="checkbox"/> CD(s) for large table or computer program | |
| | <input type="checkbox"/> Amendment After Allowance | |
| | <input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) | |

CORRESPONDENCE ADDRESS

SIGNATURE BLOCK

Respectfully submitted,

Ronda P. Moore, D.V.M.
 Ronda P. Moore, D.V.M.
 Attorney for Applicant
 Kirkpatrick & Lockhart Nicholson
 Graham LLP
 75 State Street
 Boston, MA 02109-1808



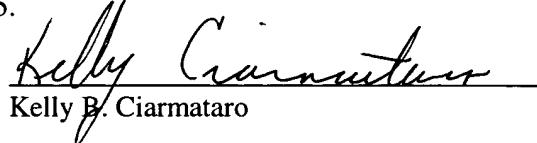
PATENT
Attorney Docket No. MIT-146

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Siegel
SERIAL NO.: 10/632,212 GROUP NO.: 3736
FILING DATE: July 31, 2003 EXAMINER: Michael Apanius
TITLE: MEASURING CIRCULATING BLOOD VOLUME THROUGH
RETINAL VASCULOMETRY

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 27th day of September, 2005.


Kelly B. Ciarmataro

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 pg.);
2. Change of Correspondence Address for Application (1 pg.); and
3. Return Receipt Postcard.



TFLW

PATENT
Attorney Docket No. MIT-146

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Siegel CONFIRMATION NO.: 1116
SERIAL NO.: 10/632,212 GROUP NO.: 3736
FILING DATE: July 31, 2003 EXAMINER: Michael Apanius
TITLE: MEASURING CIRCULATING BLOOD VOLUME THROUGH
RETINAL VASCULOMETRY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CHANGE OF CORRESPONDENCE ADDRESS FOR APPLICATION

Sir:

Please change the Correspondence Address for the above-identified patent application to the address associated with:

Customer Number 022832.

I am the Attorney of record, Registration Number 44,244.

Respectfully submitted,

Date: September 27, 2005
Reg. No.: 44,244

Tel. No.: (617) 261-3167
Fax No.: (617) 261-3175

Ronda P. Moore, D.V.M.
Ronda P. Moore, D.V.M.
Attorney for Applicant
Kirkpatrick & Lockhart Nicholson
Graham LLP
75 State Street
Boston, Massachusetts 02109-1808

900863